

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO**

IN RE:

JOSE MIGUEL RODRIGUEZ MARTINEZ  
ANA LESLIE HERNANDEZ BAEZ

DEBTORS

CASE NO. 15-03612/ESL

CHAPTER 13

**DEBTORS' MOTION REQUESTING ORDER  
RE: AUTHORIZATION TO USE FUNDS FROM 2016 TAX REFUND**

TO THE HONORABLE COURT:

**NOW COME, JOSE MIGUEL RODRIGUEZ MARTINEZ and ANA LESLIE HERNANDEZ BAEZ,** debtors, through the undersigned attorney, and very respectfully state and pray as follows:

1. The debtors' confirmed Plan dated June 22, 2015, provides that debtors' tax refunds will be paid into the Plan. See docket #14.
2. The debtors have received the 2013 tax refund in the sum of \$1,311.00. Attached is copy of bank account statement, which reflects the direct deposit of the 2016 tax refund on May 18, 2017, issued by the Puerto Rico Treasury Department.
3. The debtors respectfully submit to the Court that they need to use these funds to pay for: eyeglasses expenses and dental treatment expenses for debtors' daughter. Attached is copy estimate/invoice.
4. The debtors need to use the funds from the 2016 "tax refund" to pay for these reasonable expenses. Furthermore, the debtors are living within a very "tight" budget which barely covers their living expenses and a Plan payment of \$175.00.

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Debtor's Motion Requesting Order  
Case no. 15-03612/ESL13

5. Based on the above-stated, the debtors respectfully request this Court to Order the authorization of the use of these funds to allow the debtor to pay for this expense with the "tax refund".

**WHEREFORE**, debtors, through the undersigned attorney respectfully request that this Honorable Court grant the foregoing motion and allow the use of the funds from the 2016 tax refund by the debtors to pay for the above-stated expenses.

**NOTICE:** Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006 (f) if you were served by mail, any party against whom this paper has been served, or any other party to the action that objects to the relief sought herein shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

I CERTIFY that on this same date a copy of this motion was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 13 Trustee; I also certify that a copy of this motion was sent via US Mail to debtors, José Miguel Rodríguez Martínez and Ana Leslie Hernández Baez, to the address of record: Urb. Delgado A 18 Calle 3 Caguas, PR 00725.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 26<sup>th</sup> day of May, 2017.

/s/ Roberto Figueroa Carrasquillo

ROBERTO FIGUEROA CARRASQUILLO  
USDC #203614  
ATTORNEY FOR PETITIONER  
PO BOX 186 CAGUAS PR 00726  
TEL NO 787-744-7699 FAX 787-746-5294  
Email: rfigueroa@rfclawpr.com

Scotiabank - IAP/TP Application (Top Page) - Internet Explorer

Scotiabank Group

Client → JOSE M RODRIGUEZ MARTINEZ

Retail Account - History

CIF Key	00000000514677	Customer Name	JOSE M RODRIGUEZ MARTINEZ
Account	42003881	Transit	92015
Product Name	CUENTA DE AHORRO SCOTIA	Status	Active
Currency	USD		

IBP Account Information History S-H-M-F Value Standing Order Service Charges History AFAS Fee Product Documents

Close Account References

Current Balance	\$1,322.64	Available Balance	\$1,322.64
Balance Forward	\$734.59		
Transaction Amount	0.00	Transaction Date (YYYYMMDD)	

Retrieve

Posting Date	Transaction	Cheque Number	Txn Amount	Balance
0518	SPEC.AUTH.CREDIT - 21502015520988, DEPTO. HACIENDA REINTEGRO		\$1,311.00	\$1,322.64
0517	WITHDRAWAL		(\$730.00)	\$11.64
0517	SPEC.AUTH.CREDIT - 21000025402790, WAL-MART PUERTO PAYROLL		\$733.83	\$741.64
0515	AUTO TELLER-DEBIT ATDIBW - *REPARTO IND VILLA242 CAGUAS PR, 0437433 5118580711558980, 437433		(\$190.00)	\$7.81
0512	DEPOSIT		\$195.00	\$197.81
0503	WITHDRAWAL		(\$730.00)	\$2.81
0503	SPEC.AUTH.CREDIT - 21000026570499, WAL-MART PUERTO PAYROLL		\$731.22	\$732.81
0428	BACKDATED SERVICE CHARGE		(\$3.00)	\$1.59
0419	WITHDRAWAL		(\$730.00)	\$4.59

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**OPTICA CENTRO**

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BOULEVARD LOS PRADOS, Suite 780

Caguas, PR 00727

Phone: (787) 703-0799

Fax: (787) 905-7335


**OPTICA CENTRO**  
profesionales cuidando tu vision

Account #: 6665

**JOSE M RODRIGUEZ MARTINEZ**  
 CALLE FERNANDO PLA #13  
 CAGUAS, PR 00725  
 (787) 232-8832

Statement Date: 05/18/2017

Order: 8348 Date: 04/12/2017

Status: Notified

Tray: VERDE Emp: EVELYN Z  
 Sorivett Cotto Rosario OD

Date	Description	Qty	Price	Patient
04/12/2017	Frame - COSTA OPTICAL PCR 100	1	285.00	285.00
04/12/2017	R Lens - Image - Clear CR-39	1	97.50	97.50
04/12/2017	L Lens - Image - Clear CR-39	1	97.50	97.50
04/12/2017	Crizal Easy UV	1	100.00	100.00
04/12/2017	Total Allowance SSS	1	0.00	-130.00
04/12/2017	30-35% OFF-FRAMES	1	-99.75	-99.75
05/18/2017	Patient - Cash		0.00	-40.00
04/12/2017	Patient - Cash - ABONO		0.00	-10.00

<u>Account Balance</u>	<u>300.25</u>	<u>Totals</u>	<u>6</u>	<u>480.25</u>	<u>300.25</u>
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Your Savings: 229.75

<u>Due from Patient</u>	<u>350.25</u>	<u>Patient Payments</u>	<u>50.00</u>	<u>Patient Balance</u>	<u>300.25</u>
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**AL HACER UNA ORDEN:** Cuando un paciente hace una orden de espejuelos y/o lentes está realizando un compromiso. Si el paciente quiere reservar una montura puede hacerlo con un depósito de \$20.00 no reembolsable, pero acredititable a su orden. Este depósito sólo garantiza la reservación de su montura por 2 semanas. Para comenzar a procesar su orden se requiere al menos un 50% del precio total de su orden. Si el paciente decide cancelar la orden luego de ser enviada al laboratorio, habrá un cargo del 50% del precio total del lente. El paciente tendrá 2 meses para recoger su montura, luego de esto, se cancelará la orden y perderá el total del depósito. No nos hacemos responsables por daños en el laboratorio a monturas propiedad del paciente. Se le otorgan 30 días de adaptación a la receta, luego de esto el paciente será responsable de costear cualquier cambio. Si el paciente ordena un lente PROGRESIVO y no se adapta, sólo se reemplazará por un Flat Top 28 sin costo adicional.

**GARANTIA EN MONTURAS**

1.Los lentes oftálmicos NO TIENEN GARANTIA.

2.Las monturas tiene 1 (uno) año de garantía y es reemplazable sólo una vez en ese año. Las monturas en liquidación NO TIENEN garantía.

La garantía cubre: defectos de fábrica, decoloración y corrosión.

3.Si la montura ha sido descontinuada por el fabricante, se le ofrecerá una de igual precio donde pueda adaptar el lente en uso.

4.Monturas con un precio igual o menor a \$90.00 no necesariamente se reemplazará por la misma montura, sino por una de igual precio donde los lentes sean adaptables.

5.Los lentes de gafas y los Clip-on NO tienen garantía. LAS GAFAS NO TIENEN CAMBIO NI DEVOLUCION.

6.Las gafas no tienen garantía, excepto MAUI JIM y COSTA DEL MAR. Garantía es ofrecida directamente por el manufacturero.

23 de mayo de 2017

A quien pueda interesar:

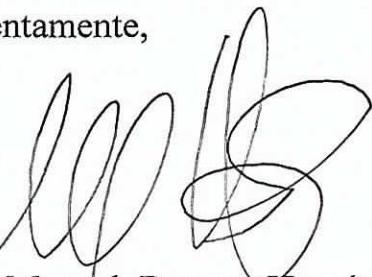
Por este medio certifico que la paciente **Alondra M. Rodriguez** se encuentra en proceso para comenzar Tratamiento de Ortodoncia.

**Dx: Clase I Esqueletal y Dental / Apiñamiento leve-moderado en ambos arcos / Mordida profunda.**

**Pronto para comenzar el tratamiento activo: \$875.00**

Para información adicional, pueden comunicarse al 787-743-2717.

Atentamente,



Dr. Manuel Bennett Hernández  
Especialista en Ortodoncia

Anejos